

COMMONWEALTH OF KENTUCKY TOURISM, ARTS AND HERITAGE CABINET

REQUEST TO INSPECT PUBLIC RECORDS FORM OPEN RECORDS REQUEST (KRS CHAPTER 61)

REQUESTOR'S INFORMATION:

Printed Name	Date:
Mailing Address, City/State amd ZIP code	
Phone Number	Fax Number
Email	
I request to inspect document(s) per	taining to the following:
(Name of Party/Cabinet Agency/or description of to this form).	documents. If more room is needed, please use a separate sheet of paper and attach it
Select One: Request for □ non-comm	nercial or 🗖 commercial purpose
If requested for commercial purpose, will be used:	please describe the commercial purpose for which the records
I hereby certify the information provide	led in this request to be true and accurate.
Requestor's Signature	Print name and date
END REQUEST TO: eneral Counsel urism, Arts, and Heritage Cabinet fice of Legal Affairs	Choose your preferred method of receiving documents (choose only one): Electronic (email) if responsive material is less than
O Airport Drive, 2 nd floor ankfort, KY 40601 one: (502) 564-4270	5MB (free) CD (\$1.00 per CD) Paper Copies (.10¢ fee per page)
x: (502) 502-564-1512	☐ Inspect documents onsite (free)